WISCONSIN
SUBSTANCE ABUSE TREATMENT CAPACITY ANALYSIS: 2000
Executive Summary

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EXECUTIVE SUMMARY

This is the fourth substance abuse treatment capacity report conducted under the State Treatment Needs Assessment Program (STNAP) contract. Previous studies analyzed substance abuse treatment data for 1996, 1998 and 1999. This report summarizes data from calendar year 2000 on alcohol and other drug abuse (AODA) treatment services in the state of Wisconsin.

Relevant data were taken from the Human Services Reporting System (HSRS) and from a separate survey of county treatment agencies. As such, this report describes publicly supported treatment only. Treatment covered by Medical Assistance, by private insurance or by other funding sources is not covered in this study.

REVIEW OF DATA SYSTEMS

The following AODA treatment data systems are in place in Wisconsin.

National Uniform Facilities Data Survey (UFDS)

Description: UFDS, formerly known as the National Drug and Alcohol Treatment Unit Survey (NDATUS), is an annual census of drug and alcohol treatment units sponsored by the federal Substance Abuse and Mental Health Services Administration and conducted by either the individual states or an independent contractor. The sampling universe is defined by SAMHSA in conjunction with the Bureau of Substance Services.

The most recent year for which the data are available is 1999. The 1999 survey was used primarily to update the facilities' listings and characteristics and therefore, no relevant data was collected that could be used for the current study. The 2000 survey (now called N-SSATS) has not been released as of February 2002 and analysis of this data set will have to wait at least another year.

Human Services Reporting System

Description: The Human Services Reporting System (HSRS) is a data system developed and used by the Department of Health and Family Services (DHFS) of the State of Wisconsin. Since 1989, DHFS has implemented a national uniform alcohol and other drug abuse client data set within HSRS called the Treatment Episode Data System (TEDS). This AODA module can provide statewide reports on publicly funded treatment admissions and discharges. Data can be provided for service and episode activity, client profiles, discharges, and treatment outcomes. Implementation of the data system is still not complete, and only partial data are available from Milwaukee and Walworth counties. This report will use HSRS data compiled for calendar year 2000.

County Agency Public Alcohol and Other Drug Abuse Treatment Survey

The County Agency Public Alcohol and Other Drug Abuse Treatment Survey are substantially different from earlier surveys. Only five questions are asked, putting a

smaller burden on agency personnel. In particular, the question referring to number of annual admissions by modality was dropped. Agencies had difficulty reporting this figure and several agencies requested that this information be provided by HSRS. The questionnaire can be found in the Appendix. All data elements refer to calendar year 2000.

RESULTS FROM THE PUBLIC TREATMENT SURVEY

Table 1 summarizes the data reported by public agencies on the use of waiting lists in 2000. Separate questions measured the number of clients placed on a waiting list for lack of funding and for lack of capacity as well as the number of clients denied treatment due to lack of funding. The clients reported in each category are combined here. In some counties, clients may have been double counted, if, for example, the program was simultaneously full and there was a lack of funding. Therefore, these should not be interpreted as unduplicated client counts.

Overall, 686 clients were placed on a waiting list in 2000, down from 695 in 1999. This represents 2.3 percent of the 29,276 public treatment admissions reported in 2000. Another 286 clients, or 1 percent, were denied services due to lack of funding. In 2000, 11 of 67 agencies responding to the survey indicated that they denied services to clients due to lack of funds or used a waiting list and three counties denied treatment to clients due to funding considerations.

Table 1: Waiting List Clients by Modality in Public Treatment Agencies, 2000

Modality	Clients Denied Services due to Lack of Funding	Counties Reporting Service Denial	Clients Placed on Waiting List	Counties Reporting Waiting List
Hospital Inpatient	43	2	0	0
Long Term Residential	110	2	244	4
Short Term Residential	17	3	2	1
Halfway House	1	1	131	4
Day Treatment	10	2	8	1
Intensive Outpatient	100	1	16	2
Individual Outpatient	0	0	198	3
Group Outpatient	0	0	87	4
Ambulatory Detoxification	0	0	0	0
Methadone	0	0	0	0
Total	**281**	**6**	**686**	**13**

Note: This table includes data from Milwaukee and Walworth counties, both of which returned data on the public treatment survey.

TRENDS IN TREATMENT, 1996-2000

This concluding section shows trends in treatment from 1996-2000 by comparing figures from this report and the two previous ones (Welch, 1998; Welch and Quirke, 2000). Table 2 presents public treatment admissions from this period, provided by HSRS. The data show a 9 percent increase in admissions between 1996 and 1998, followed by a further 6 percent increase in 1999. Admissions declined 5 percent in 2000.

Table 2: Public Treatment Admissions Summary for 1996-2000

Modality	Year			
	1996	**1998**	**1999**	**2000**
Community Based Treatment (Halfway House)	1,816	2,228	2,547	2,243
Hospital Detoxification	3,950	4,207	4,992	4,098
Social Detoxification	670	786	739	826
Hospital Inpatient	797	701	565	669
Nonhospital Residential (long and short term)	536	347	491	444
Day Treatment	*	*	*	687
Regular Outpatient	18,383	19,470	20,053	19,178
Intensive Outpatient	679	1,003	939	1,130
Other services	N/A	384	483	688
Total	26,831	29,126	30,809	29,279

Source: County Agency Public Alcohol and Other Drug Abuse Treatment Survey

* Not reported separately in 1996-1999

Trends depicted in table 3 are principally the result of efforts to refine the treatment capacity survey. For example, in 1996, public and private treatment data were combined in the same survey. Some of the differences between 1998 and 1999 can be explained by improved reporting by public agencies. Unit costs have risen for nearly all services from 1998 to 1999.

Table 3: Summary of Treatment Utilization and Cost Data, 1996-2000

Modality	Average Cost per Unit				Average Units per Episode				Cost per Episode			
	96	98	99	00	96	98	99	00	96	98	99	00
Hospital Detoxification	738	450	$485 /day	$510 /day	2.8	2.1	2.4 days	3.0 days	2,066	945	1,239	1,518
Residential Detoxification	167	191	178 /day	191 day	2.8	3.0	2.1 days	3.0 days	468	573	410	479
Residential-Hospital	334	258	294 /day	415 /day	26.0	9.6	11.4 days	13.9 days	8,684	2,477	2,472	4,852
Residential—Short Term	142	96	105 /day	107 /day	25.8	16.7	18.8 days	15.9 days	3,663	1,603	1,673	1,724
Residential—Long Term	95	*	80 /day	85 /day	72.9	*	71.0 days	50.5 days	6,926	*	5,414	3,527
Halfway House	62	53	59 /day	69 /day	80.2	46.4	70.1 days	47.5 days	4,972	2,459	4,176	3,222
Day Treatment	43	*	45 /hr	126 /hr	129.2	*	87.2 hrs	48.8 hrs	5,556	*	2,017	1,594
Outpatient—Regular Individual	72	66	70 /hr	79 /hr	17.8	6.7	17.2 hrs	9.2 hrs	1,282	442	980	713
Outpatient—Regular Group	+	34	31 /hr	33 /hr	+	21.4	20.5 hrs	9.2 hrs	+	728	696	295
Outpatient—Intensive	47	41	45 /hr	126 /hr	51.8	26.4	49.5 hrs	28.6 hrs	2,345	1,082	2,824	1,474

Source: County Agency Public Alcohol and Other Drug Abuse Treatment Survey

Key: *+ Not reported as a separate modality this year.*

** Too few counties reported data for this modality.*

THE GAP IN TREATMENT, 2000

Introduction

One of the principal purposes of the needs assessment studies is to identify unmet needs and to provide planning information that could be used to allocate resources to areas with the greatest need. The analysis in this section will provide information that describes areas of the state where a gap exists between those needing publicly supported substance abuse services and those receiving services. In these times of economic uncertainty, it wouldn't be prudent to plan to meet all the unmet needs. Furthermore, treatment capacity must be expanded gradually to allow for the necessary outreach to accommodate persons

in need of publicly supported treatment. Therefore, it was determined that a more modest funding request be made for public support to meet at least 10 percent of the unmet need. Numerous studies have shown that investing public funds in treatment is a wise and prudent use of taxpayer dollars returning anywhere from $3 to $13 for each dollar spent.

This section will estimate the size of the "treatment gap" in each county and the state as–a-whole. The gap is defined as the size of the population that could benefit from public AODA treatment, but for a variety of reasons is not receiving such treatment. The procedure will first estimate the prevalence of AODA disorders in each county, based on earlier estimates of prevalence derived from a statewide household survey. An estimate of the number of individuals with AODA disorders who do not have health insurance (and therefore would require publicly funded treatment) will be based on the percentage of HSRS clients who are estimated not to have health insurance. The difference between this number and the number of clients actually treated by the public treatment system in 2000 is the treatment gap.

The public agency survey collected data on the cost per unit of treatment that can be used to calculate the average cost of an episode of treatment, regardless of modality. This number can be multiplied by the estimated population in need of treatment and who are without insurance. This results in the amount of money that is needed to close the treatment gap, that is, to treat everybody who needs treatment but doesn't have insurance and can't afford it. The 10 percent request is the amount of money required to close 10 percent of the treatment gap.

It must be stressed that this figure is an estimate based on other estimates. While these estimates have been carefully developed, it must be stressed that there is no data collected directly on a number of the variables needed to compute these estimates. In particular, the size of the uninsured population without health insurance is based on the employment characteristics of HSRS clients in 2000 and on the insurance coverage of the employed and unemployed. This assumes further that the population not receiving treatment in 2000 was identical to the population that was receiving public treatment, an assumption that is beyond the resources available for this study. For reasons that are discussed below, these estimates probably overstate slightly the size of the uninsured population requiring treatment and the amount of money required to reduce the treatment gap.

Data Collection and Analysis

Table 5 contains the data needed for the treatment gap analysis. The first column, 2000 adult population, is the county population over the age of 18 years as reported by the U.S. Census Bureau. The adult prevalence rate column is taken from Welch and Quirke (2001). These are percentage estimates of the adult population that has a DSM-IIIR diagnosis of substance dependence or abuse. These are known as "composite estimates" and are based on population estimates from a 1997 statewide household survey (Dold, 1999). The third column is simply the product of the prevalence rate and the adult population.

The prevalence without health insurance (private health insurance, HMO, Medical Assistance, HIRSP, BadgerCare, etc.) column is an indirect estimate of insurance coverage among the population with a substance use disorder. Insurance coverage rates among this group are not known from any available survey data, so estimates were

computed using data from the 2000 HSRS data set and from the combined 1998-1999 Wisconsin Family Health Survey (FHS) data (Welch, 2001). Employment status is the strongest determinant of whether an individual has health insurance (Welch, 2001). The FHS data provides data on current health insurance status for each of 5 employment status categories: Employed full time, employed part time, unemployed and looking for work, unemployed and not looking for work and other. Since the overwhelming majority of HSRS clients are aged 18-64, the estimate uses the figures for this group only. Table 4 shows the insurance status of each of these five groups. The table shows the number of each category in the most recent HSRS data set, and the estimated number of individuals in each category who are projected to have no health insurance. Summing these estimates and dividing by the number of HSRS admissions gives an estimate of 15 percent who are without health insurance. This number is much higher than the 6.1 percent without insurance in the general population because of the much higher percentage of public treatment clients who are unemployed.

Table 4: Employment Status and Health Insurance in 2000 HSRS Client Database

Employment Status	Total in HSRS	Percent with health insurance
Full Time	43.7%	93.8%
Part Time	8.8	90.1
Unemployed, looking for Work	25.7	62.2
Unemployed, Not Looking for Work	8.2	89.6
Other	13.8	92.7

Source: Human Services Reporting System 2000 and 1998 and 1999 Family Health Surveys

This number, 15.0 percent, will be used to estimate the number of individuals with a substance use disorder who do not have health insurance. This assumes, of course, that the population that has a disorder is similar to the population seeking publicly funded treatment. There is no way to check this assumption and it is possible that the actual percentage is lower, though the true percentage is probably higher than the statewide percentage of 6.1 without health insurance. The "Annual Prevalence without Health Insurance" column, and subsequent data columns, should be read as high estimates of the underinsured population.

The next column in table 5 is the number of new publicly supported treatment admissions for 2000 and is taken from the 2000 HSRS data set, omitting Milwaukee and Walworth Counties, which did not report complete data on HSRS in 2000. Subtracting the HSRS admissions from the prevalence without health insurance column gives the treatment gap, the number of individuals who would need publicly funded treatment (because of insurance status) who did not receive such treatment in 2000. Two counties (Ashland and Menominee) admitted more clients than the number estimated to be without insurance in our original estimation. Both Ashland and Menominee County have unemployment rates that are over twice the state average. As such, the number of individuals who would need publicly funded treatment in these two counties was adjusted accordingly. Instead of using the 15 percent “without health insurance” rate, rates of 34 percent and 39 percent were applied to these counties respectively.

The average cost per treatment episode is a composite figure representing the average cost per treatment episode in 2000. The treatment facility survey provides information on the cost per unit of treatment and the number of units of treatment per episode for each treatment modality, which can be combined to give an average cost for an episode of treatment. This is an average over all treatment modalities in all counties and is a constant entry for each county.

The next column, "Total Annual New Public Funding Needed to Close Treatment Gap," is the product of the "Treatment Gap" and "Average Cost per Episode of Treatment" columns. It is an estimate of the amount of public funding needed to treat the estimated uninsured population with a substance disorder. The total is nearly $40 million for the state, though this is probably a high estimate, for reasons discussed above. The 10 percent request column is simply 10 percent of the previous column. This brings the total request to about $4 million.

Table 5: Estimated Public Funding Required to Close County Treatment Gaps

County	2000 Adult Population	Adult Prevalence Rate	Annual Prevalence Of Substance Use Disorders	Annual Prevalence Without Health Insurance	2000 Publicly Supported Treatment Client Admissions	Treatment Gap	2000 Average Cost Per Client	Total Annual New Public Funding Needed To Close Treatment Gap	Ten Percent Request
Adams	14,760	8.5%	1,255	188	164	24	$918	$22,032	$2,203.20
Ashland	12,582	10.7%	1,346	458	208	250	918	$229,170	$22,917
Barron	33,583	10.0%	3,358	504	54	450	918	$413,100	$41,310.00
Bayfield	11,313	10.1%	1,143	171	82	89	918	$81,702	$8,170.20
Brown	167,655	10.5%	17,604	2,641	625	2016	918	$1,850,688	$185,068.80
Buffalo	10,343	12.1%	1,252	188	28	160	918	$146,880	$14,688.00
Burnett	12,209	9.4%	1,148	172	62	110	918	$100,980	$10,098.00
Calumet	29,012	10.8%	3,133	470	25	445	918	$408,510	$40,851.00
Chippewa	40,593	10.1%	4,100	615	169	446	918	$409,428	$40,942.80
Clark	23,519	10.1%	2,375	356	72	284	918	$260,712	$26,071.20
Columbia	39,247	11.3%	4,435	665	106	559	918	$513,162	$51,316.20
Crawford	12,731	9.9%	1,260	189	66	123	918	$112,914	$11,291.40
Dane	330,271	10.4%	34,348	5,152	2,401	2751	918	$2,525,418	$252,541.80
Dodge	64,634	10.6%	6,851	1,028	197	831	918	$762,858	$76,285.80
Door	21,789	10.0%	2,179	327	88	239	918	$219,402	$21,940.20
Douglas	33,085	10.4%	3,441	516	413	103	918	$94,554	$9,455.40
Dunn	30,553	11.4%	3,483	522	218	304	918	$279,072	$27,907.20
Eau Claire	71,322	9.1%	6,490	974	365	609	918	$559,062	$55,906.20
Florence	3,924	11.5%	451	68	3	65	918	$59,670	$5,967.00
Fond du Lac	72,807	10.3%	7,499	1,125	479	646	918	$593,028	$59,302.80
Forest	7,488	11.2%	839	126	87	39	918	$35,802	$3,580.20
Grant	37,829	10.8%	4,086	613	213	400	918	$367,200	$36,720.00
Green	24,739	11.2%	2,771	416	148	268	918	$246,024	$24,602.40
Green Lake	14,491	13.1%	1,898	285	68	217	918	$199,206	$19,920.60
Iowa	16,609	10.2%	1,694	254	98	156	918	$143,208	$14,320.80
Iron	5,527	9.8%	542	81	21	60	918	$55,080	$5,508.00
Jackson	14,497	12.2%	1,769	265	83	182	918	$167,076	$16,707.60
Jefferson	55,364	10.7%	5,924	889	241	648	918	$594,864	$59,486.40
Juneau	18,134	8.9%	1,614	242	102	140	918	$128,520	$12,852.00
Kenosha	109,075	10.8%	11,780	1,767	167	1600	918	$1,468,800	$146,880.00
Kewaunee	14,970	10.5%	1,572	236	57	179	918	$164,322	$16,432.20
La Crosse	81,859	12.9%	10,560	1,584	512	1072	918	$984,096	$98,409.60
Lafayette	11,748	10.2%	1,198	180	96	84	918	$77,112	$7,711.20
Langlade	15,683	11.3%	1,772	266	59	207	918	$190,026	$19,002.60
Lincoln	22,100	11.5%	2,542	381	84	297	918	$272,646	$27,264.60
Manitowoc	61,786	8.8%	5,437	816	154	662	918	$607,716	$60,771.60
Marathon	92,118	11.0%	10,133	1,520	357	1163	918	$1,067,634	$106,763.40
Marinette	33,183	10.1%	3,351	503	205	298	918	$273,564	$27,356.40
Marquette	12,497	12.8%	1,600	240	76	164	918	$150,552	$15,055.20

Table 12: Estimated Public Funding Required to Close County Treatment Gaps (Continued)

County	2000 Adult Population	Adult Prevalence Rate	Prevalence Of Substance Use Disorders	Annual Prevalence Without Health Insurance	Publicly Supported Treatment Clients Served	Treatment Gap	2000 Average Cost Per Client	New Public Funding Needed To Close Treatment Gap	Ten Percent Request
Menominee	2,786	11.8%	329	128	111	17	918	$15,891	$1,589.00
Milwaukee	692,339	10.0%	69,234	10,385	2489	7896	918	$7,248,528	$724,852.80
Monroe	29,401	12.3%	3,616	542	115	427	918	$391,986	$39,198.60
Oconto	26,474	10.2%	2,700	405	70	335	918	$307,530	$30,753.00
Oneida	28,573	11.0%	3,143	471	319	152	918	$139,536	$13,953.60
Outagamie	116,444	10.6%	12,343	1,851	243	1608	918	$1,476,144	$147,614.40
Ozaukee	60,386	9.8%	5,918	888	96	792	918	$727,056	$72,705.60
Pepin	5,304	12.0%	636	95	16	79	918	$72,522	$7,252.20
Pierce	27,807	11.1%	3,087	463	323	140	918	$128,520	$12,852.00
Polk	30,484	10.0%	3,048	457	99	358	918	$328,644	$32,864.40
Portage	51,005	12.7%	6,478	972	400	572	918	$525,096	$52,509.60
Price	12,052	11.3%	1,362	204	60	144	918	$132,192	$13,219.20
Racine	137,880	8.8%	12,133	1,820	449	1371	918	$1,258,578	$125,857.80
Richland	13,412	10.0%	1,341	201	81	120	918	$110,160	$11,016.00
Rock	111,941	9.6%	10,746	1,612	799	813	918	$746,334	$74,633.40
Rusk	11,544	9.9%	1,143	171	40	131	918	$120,258	$12,025.80
St. Croix	45,538	10.6%	4,827	724	135	589	918	$540,702	$54,070.20
Sauk	40,854	9.1%	3,718	558	129	429	918	$393,822	$39,382.20
Sawyer	12,295	11.1%	1,365	205	140	65	918	$59,670	$5,967.00
Shawano	30,231	10.1%	3,053	458	126	332	918	$304,776	$30,477.60
Sheboygan	83,871	8.0%	6,710	1,006	329	677	918	$621,486	$62,148.60
Taylor	14,348	11.8%	1,693	254	31	223	918	$204,714	$20,471.40
Trempealeau	20,166	12.0%	2,420	363	78	285	918	$261,630	$26,163.00
Vernon	20,360	9.9%	2,016	302	63	239	918	$219,402	$21,940.20
Vilas	16,688	9.4%	1,569	235	182	53	918	$48,654	$4,865.40
Walworth	71,105	10.9%	7,750	1,163	582	581	918	$533,358	$53,335.80
Washburn	12,221	9.6%	1,173	176	65	111	918	$101,898	$10,189.80
Washington	86,163	7.7%	6,635	995	437	558	918	$512,244	$51,224.40
Waukesha	265,864	8.8%	23,396	3,509	681	2828	918	$2,596,104	$259,610.40
Waupaca	38,454	13.3%	5,114	767	70	697	918	$639,846	$63,984.60
Waushara	17,710	12.8%	2,267	340	182	158	918	$145,044	$14,504.40
Winnebago	119,420	11.6%	13,853	2,078	247	1831	918	$1,680,858	$168,085.80
Wood	56,170	11.9%	6,684	1,003	385	618	918	$567,324	$56,732.40
State Totals			**409,733**	**61,794**	**20,225**	**43,569**		**$39,996,296**	**$3,999,630**

Source: County Agency Public Alcohol and Other Drug Abuse Treatment Survey, Human Services Reporting System 2000, 1998 and 1999 Family Health Surveys and 1997 State Treatment Needs Assessment Telephone Survey

** Milwaukee and Walworth counties did not supply the necessary HSRS data.*

CONCLUSIONS AND RECOMMENDATIONS

Surveys of the prevalence of substance use disorders in the general population of Wisconsin indicate that 10.2 percent or 402,946 of Wisconsin's adult population may currently be in need of alcohol or drug treatment. Yet both public and private treatment systems combined only reach 21 percent of those in need each year (Welch, Fischer, Quirke and Moberg, 1999; Welch and Quirke, 2001). Separately, the public treatment system appears to be reaching about one-third of its target population. Furthermore, agencies surveyed identified 281 clients who could not receive the treatment of choice due to a lack of funds and 11 counties who had to put 686 clients on a waiting list.

Utilization of short term residential treatment is down markedly although inpatient treatment rose 18 percent since 1999. Publicly supported treatment admissions dropped 5 percent from 1999. Costs have increased while public funding for substance abuse services has not kept pace with inflation. Great disparities exist among counties regarding service costs. On a positive note, the number of clients placed on a waiting list is down some from 1999. Treatment retention (treatment completion), which is positively associated with treatment outcomes, is stable.

The following recommendations are offered:

1. Continue to monitor the availability of short-term inpatient and residential services.

2. Monitor funding levels, units of service, and treatment completion rates and institute post discharge follow-up to gauge the impact of treatment capacity and cost issues.

3. An investment of $4 million in public treatment is necessary to help reduce part of the treatment gap. Any investment of state money in treatment should be arranged to leave the counties with maximum choice of treatment options.

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